BEST AVAILABLE COPY

DATENT	APPLICATION	ON FEE	DETERMINAT	ION	RECORD
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Application or	Docket	Number
/ .		J

		Effect	ive Octol	ber 1, 20	001				100	81	1887)
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS		42					RATE	FEE		RATE	FEE	
FOR		NUMBER	R FILED NUMBE		ER EXTRA	ВА	SIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			42 m	inus 20=	* 2	2		X\$ 9=		OR	X\$18=	396.
INDEPENDENT CLAIMS			< n	ninus 3 =	3 = * 2			X42=			X84=	,
MULTIPLE DEPENDENT CLAIM PRESENT							\vdash			OR		166-00
* If the difference in column 1 is less than zero, enter "0" in column 2						140=		OR	+280=			
11						olumn 2	ד	OTAL		OR		12.07-
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					OTHER THAN SMALL ENTITY OR SMALL ENTITY							
		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	-
	FIRST PRESE	NTATION OF M	ULTIPLE DI	EPENDEN	T CLAIM		+			1	.000	
							Ľ	140=		OR	+280= TOTAL	
							AD	TOTAL DIT. FEE		OR	ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)				_		
		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
_	FIRST PRESE	NTATION OF M	ULTIPLE D	EPENDEN	T CLAIM		-	+140=		1		
							L	TOTAL		OR	TOTAL	
						5	AD	DIT. FEE		OR	ADDIT. FEE	<u> </u>
		(Column 1)			ımn 2) HEST	(Column 3)	ı					
AWENDINE'S O		CLAIMS REMAINING AFTER AMENDMENT		NU! PREV	MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
2	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= -	 	X42=		OR	V04	1
ζ _	FIRST PRESE	ENTATION OF N	NULTIPLE D	EPENDEN	IT CLAIN	1	』├		-	108	·	1
					· u - = ·	-b 2	L	+140=		OR		
**	If the "Highest Nu	ımn 1 is less than ımber Previously l	Paid For" IN T	THIS SPACE	is less th	an 20, enter "20.	." АП	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
**	If the "Highest No	umber Previously mber Previously P	Paid For" IN 7	THIS SPACE	E is less th	an 3, enter "3."				ox in c		